

## **Section 12**

### **APPENDIX 2 – FORMS**

## SEMI-ANNUAL WIC VENDOR PRICE/STOCK REPORT

### INSTRUCTIONS

Complete all sections of pages 5, 6, and 7, documenting the price and quantity of each WIC food item current on the shelf or in inventory housed at your store location. If a space is left blank, the WIC program will assume that your store does not have that particular food item. **Do not estimate or project prices or stock.** The Semi-Annual WIC Vendor Price/Stock Report must reflect **actual** shelf prices and **actual** stock on hand **at the time of completion**. [Exception: Pharmacies shall be exempt from this requirement if they are contracted to provide only "special infant formula".]

1. Carefully read through the Arizona WIC Program Minimum Stock Requirements on pages 2 through 4.
2. On pages 5, 6, and 7, answer all yes and no questions and list the **highest** actual shelf price for each WIC food items in stock. Fill in the price for the exact size listed. **NOTE:** you must carry both milk and soy based iron fortified infant formula. Low iron formula may not be counted in the quantity listed.
3. After completing pages 5, 6, and 7, sign below to certify the completion of this report.
4. If you want a copy of this report, please make a copy before you submit the report.

=====

### CERTIFICATION

I certify that:

1. I am authorized to act on behalf of the Vendor.
2. I have verified that the required amounts of WIC inventory described on pages 5, 6, and 7, is either on the shelves or in inventory housed at the Vendor's store location.
3. I have verified that the prices listed on pages 5, 6, and 7, are true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

(     )  
\_\_\_\_\_  
Telephone Number

## Arizona WIC Program MINIMUM STOCK REQUIREMENTS

### Refer to the Arizona WIC Program Food List.

- Milk - At least an **equivalent** of 112 quarts of any brand refrigerated milk. Equivalent may be 56 – ½ gallons or 28 gallons or any combination equal to 112 quarts in either quart, ½ gallon or gallon containers.

**Must be** pasteurized and fortified.

**No** pints. Quarts, ½ gallons, or gallons only.

**No** organic, raw, goat's, chocolate or flavored milk, buttermilk, half & half, non-dairy, or soy milk products.

- Juice - At least 3 varieties of **WIC- authorized** 100% juice, Vitamin C fortified with no added sugar (unsweetened).

**\*\* AND \*\***

At least 48 – 46 ounce cans or plastic containers of single strength juice or 48 – 11.5 – 12 ounce cans of frozen concentrated juice or any combination equal to 48 cans of either 46 ounce single strength or 11/5 – 12 ounce frozen cans only.

**No** 6 ounce frozen cans, 11.5 – 12 ounce frozen cans only.

**No** glass bottles.

**No** non-frozen concentrates in plastic containers.

**No** organic, cocktail, fruit drink/punch, citrus banana, lemonade, limeade, Awake, Dole Pure & Light, Hi-C, Kern's Nectar or Sunny Delight.

- Cheese - At least 3 varieties of any brand, **WIC-authorized** cheese – either sliced, block, shredded, cubed, stick or string – in packages, up to 16 ounces

**\*\* AND \*\***

A combined total of a least 8 pounds of cheese.

**Must be** plain domestic cheese.

**No** organic or deli counter cheese, imported cheese, cheese food, cheese product or cheese spread.

## Arizona WIC Program MINIMUM STOCK REQUIREMENTS

### Refer to the Arizona WIC Program Food List.

- |                                |   |
|--------------------------------|---|
| Eggs                           | <ul style="list-style-type: none"><li>- At least 16 dozen of any brand and size of fresh, raw, white or brown eggs.</li></ul> <p><b>No</b> organic or speciality eggs (e.g. Egglands Best and Cage Free).</p>   |
| Dry Beans<br>&<br>Peas/Lentils | <p>At least 1 variety of any type and brand of dry beans in a 1 pound package or bulk (up to 1 pound).</p> <p><b>** AND **</b></p> <p>At least 1 variety of any type and brand of dry peas or lentils in a 1 pound package or bulk (up to 1 pound).</p> <p><b>** AND **</b></p> <p>At least 8 pounds of any combination of dry beans and peas or lentils.</p> <p><b>Must be</b> 1 pound packaged only <u>or</u> bulk up to 1 pound.</p> <p><b>No</b> organic, snap beans, fresh, frozen or bean soup mix.</p> |
| Peanut Butter                  | <ul style="list-style-type: none"><li>- At least 8 jars or any brand, plain (smooth, chunky or natural) peanut butter in 16 <u>or</u> 18 ounce jars.</li></ul> <p><b>No</b> organic or spreads, added jelly or honey or candy chips.</p>  |
| Cereal                         | <ul style="list-style-type: none"><li>- At least 4 brands of any size box of <b>WIC-authorized</b> cold <u>or</u> hot cereal.</li></ul> <p><b>** AND **</b></p> <p>A combined total of at least 24 boxes of any size box of cereal.</p> <p><b>No</b> bags, boxes only.</p> <p><b>No</b> organic, raisins, fruit or nuts, variety packs or bags.</p>   |
| Infant Cereal                  | <ul style="list-style-type: none"><li>- At least 24 – 8 ounce boxes <u>or</u> 12 – 16 ounce boxes of any brand, <b>single</b> grain infant cereal</li></ul> <p><b>No</b> organic, mixed, fruit added, cans, jars, or variety packs or with added formula.</p>   |
| Infant Juice                   | <ul style="list-style-type: none"><li>- At least 120 – 4.0 ounce containers of any brand, <b>single</b> flavor, 100% infant fruit juice.</li></ul> <p><b>No</b> organic or yogurt added, mixed flavors, or fruit/vegetable blends.</p>  |

## Arizona WIC Program MINIMUM STOCK REQUIREMENTS

Refer to the Arizona WIC Program Food List.

- |                   |  |
|-------------------|--|
| Infant<br>Formula | - At least 124 – 13 ounce cans of concentrated <b><u>milk</u> based Enfamil with Iron</b> infant formula or <b>equivalent</b> . Equivalent would be 100 – 32 ounce cans ready to feed <u>or</u> 32 – 14.3 ounce cans powder infant formula – <b>DO NOT COMBINE CONCENTRATE, READY TO FEED OR POWDERED CANS WHEN COUNTING CANS.</b> |
|-------------------|--|

**\*\* AND \*\***

At least 62 – 13 ounce cans of concentrated **soy based Prosobee** infant formula or **equivalent**. Equivalent would be 50 – 32 ounce cans ready to feed or 16 – 14.3 ounce cans powder infant formula – **DO NOT COMBINE CONCENTRATE, READY TO FEED OR POWDERED CANS WHEN COUNTING CANS.**

**No low iron** infant formula.

**(Also refer to the Arizona WIC Approved Formulas flyer)**

- |         |   |
|---------|---|
| Carrots | - At least 4 – cans up to 16 ounces each <u>or</u> 4 pounds of any brand plain, fresh, canned <u>or</u> frozen carrots. |
|---------|---|

**No** organic.

- |      |   |
|------|---|
| Tuna | - At least 8 – 6 ounces cans of any brand of water packed tuna. |
|------|---|

**No** organic or oil packed tuna or tuna in pouches.

Complete this document and mail to either

Arizona WIC Program  
2927 North 35<sup>th</sup> Avenue, Ste #400  
Phoenix, AZ 85007

or  
ITCA  
2214 N. Central Ave., Ste #100  
Phoenix, AZ 85004

Date: \_\_\_\_\_  
Store Name/Number: \_\_\_\_\_  
Store Address: \_\_\_\_\_  
WIC Vendor Number: \_\_\_\_\_

Instructions: List the highest regular, NOT sale, price for each WIC food item in stock.

**(A)** - Arizona or **(I)**- ITCA

**Milk** - Are there at least an equivalent of:

**(A)** 112 qts OR **(I)** 56 qts - of refrigerated Milk? ☐ Yes ☐ No

If **No**, # in stock = \_\_\_\_\_ in \*Gallons or ½ Gallons or Quarts  
(circle one)

Type	Gallon	½ Gallon	Quart
Whole	\$	\$	\$
Fat Free (Skim/Nonfat)	\$	\$	\$
Low Fat (1%)	\$	\$	\$
Reduced Fat (2%)	\$	\$	\$
Lactose Reduced	\$	\$	\$
Acidophilus	\$	\$	\$
Evaporated Whole	12 OZ CAN		\$
Evaporated Skim	12 OZ CAN		\$
Long Shelf life (UHT)			\$
Non Fat Dry	OUNCES		\$

Refrigerator Temperature: \_\_\_\_\_ °F(Acceptable: ≤ 45°)

**CHEESE** - Plain, domestic - sliced, block, shredded, cubed, stick or string in packages, up to 16 oz.

Are there at least **(A)** 3 varieties OR **(I)** 2 varieties? ☐ Yes ☐ No

If **NO**, # of varieties in stock? \_\_\_\_\_

Are there at least **(A)** 8 pounds OR **(I)** 4 pounds? ☐ Yes ☐ No

If **NO**, # of pounds in stock? \_\_\_\_\_

Type	1 pound	8 oz
Cheddar (includes longhorn)	\$	\$
Colby (includes longhorn)	\$	\$
Colby Jack	\$	\$
Monterey Jack	\$	\$
Mozzarella (whole or part skim)	\$	\$
Pasteurized Processed American	\$	\$
Provolone	\$	\$
Swiss	\$	\$
String	\$	\$

Refrigerator Temperature: \_\_\_\_\_ °F(Acceptable: ≤ 45°)

**EGGS** - White or Brown

Are there at least **(A)** 16 dozen OR **(I)** 4 dozen?

☐ Yes ☐ No - If **NO**, # of dozen in stock? \_\_\_\_\_

Size	1 dozen
Medium	\$
Large	\$
Extra Large	\$
Jumbo	\$

Refrigerator Temperature: \_\_\_\_\_ °F(Acceptable: ≤ 45°)

**JUICE** - Vitamin C fortified - 100% juice, no added sugar

Are there at least **(A)** 3 varieties OR **(I)** 3 varieties (1 orange, 1 V-8 Vegetable Juice, and 1 other WIC approved)?

☐ Yes ☐ No - If **NO**, # of varieties in stock? \_\_\_\_\_

Are there at least **(A)** 48 containers OR **(I)** 14 containers?

☐ Yes ☐ No - If **NO**, # of cans in stock? \_\_\_\_\_

ITEM	46 oz	11.5/ 12 oz
WIC Orange Juice	\$	\$
WIC Grapefruit Juice	\$	\$
WIC Pink Grapefruit Juice	\$	\$
WIC Vegetable Juice	\$	\$
WIC Grape Juice	\$	\$
WIC Apple Juice	\$	\$
WIC Pineapple Juice	\$	\$
WIC Pineapple/Orange Juice	\$	\$

Freezer Temperature: \_\_\_\_\_ °F(Acceptable: ≤ 0°)

STORE NAME &amp; NUMBER: \_\_\_\_\_

VENDOR NUMBER: \_\_\_\_\_

(A) – Arizona or (I) - ITCA

**CEREAL** - Boxes only, no bagsAre there at least **(A)** 4 varieties OR **(I)** 4 varieties (3 cold and 1 hot)?☐ Yes ☐ No - **If NO**, # of varieties in stock? \_\_\_\_\_Are there at least **(A)** 24 boxes OR **(I)** 8 boxes (6 cold and 2 hot)?☐ Yes ☐ No - **If NO**, # of boxes in stock? \_\_\_\_\_

COLD CEREALS	SIZE	PRICE	SIZE	PRICE
General Mills Cheerios (Plain)	OZ	\$	OZ	\$
General Mills Whole Grain Total	OZ	\$	OZ	\$
General Mills Kix (Plain)	OZ	\$	OZ	\$
General Mills Corn Chex	OZ	\$	OZ	\$
General Mills Rice Chex	OZ	\$	OZ	\$
General Mills Wheat Chex	OZ	\$	OZ	\$
General Mills Multi-Bran Chex	OZ	\$	OZ	\$
Post Bran Flakes	OZ	\$	OZ	\$
Kellogg's Corn Flakes	OZ	\$	OZ	\$
Kellogg's Special K	OZ	\$	OZ	\$
Quaker Life (Plain)	OZ	\$	OZ	\$
Quaker Oatmeal Squares	OZ	\$	OZ	\$
<b>HOT CEREAL</b>				
Nabisco Cream of Wheat (Plain)	OZ	\$	OZ	\$
Instant Quaker Oatmeal (Plain)	OZ	\$	OZ	\$

**LEGUMES** - Any Brand and TypeAre there at least **(A)** 8 pounds OR **(I)** 2 pounds of beans, peas or lentils?☐ Yes ☐ No - **If NO**, # of pounds in stock? \_\_\_\_\_

ITEM	1 Pound Package	Bulk
Beans	\$	\$
Lentils/Split Peas	\$	\$

**PEANUT BUTTER** - Any Brand, plainAre there at least **(A)** 8 jars OR **(I)** 2 jars of Peanut Butter?☐ Yes ☐ No - **If NO**, # of jars in stock? \_\_\_\_\_

ITEM	PRICE
Peanut Butter 16 or 18 oz*	\$

\* = Circle the size of the item that you are documenting

**TUNA** - Water Packed OnlyAre there at least **(A)** 8 cans OR **(I)** 4 cans of Tuna?☐ Yes ☐ No - **If NO**, # of cans in stock? \_\_\_\_\_

ITEM	PRICE
Tuna	\$

**CARROTS** - Plain - fresh, canned, or frozenAre there at least **(A)** 4 lbs/cans OR **(I)** 2 lbs/cans of Carrots?☐ Yes ☐ No - **If NO**, # of lbs/cans in stock? \_\_\_\_\_

ITEM	PRICE
Fresh – 1 pound	\$
Frozen – 1 pound	\$
*Canned – 14 or 16 oz	\$

\* = Circle the size of the item that you are documenting

STORE NAME &amp; NUMBER: \_\_\_\_\_

VENDOR NUMBER: \_\_\_\_\_

(A) – Arizona or (I) - ITCA

**INFANT FORMULA: Iron fortified, NO LOW IRON****MILK BASED FORMULA (ENFAMIL WITH IRON ONLY)**Are there at least: **(A)** 124 cans concentrate **OR** 32 cans powder?Are there at least: **(I)** 24 cans powder?☐ Yes ☐ No **IF NO**, # of cans in stock for each = \_\_\_\_\_ Concentrate \_\_\_\_\_ Powder**SOY BASED FORMULA (PROSOBEE ONLY)**Are there at least: **(A)** 62 cans concentrate **OR** 16 cans powder?Are there at least: **(I)** 9 cans powder?☐ Yes ☐ No **IF NO**, # of cans in stock for each = \_\_\_\_\_ Concentrate \_\_\_\_\_ Powder

<b>CONTRACT FORMULA</b>	Powder (14.3 or 16 oz)	Concentrate (13 oz)	RTF (32 OZ)	RTF - 8 oz (4/pack)	RTF - 8 oz (6/pack)
Enfamil with Iron	\$	\$	\$	\$	\$
ProSobee	\$	\$	\$	\$	\$
Lactofree - [(A) only]	\$	\$	\$	\$	\$
<b>NON CONTRACT SPECIAL FORMULA</b>	Powder (14 or 16 oz)	Concentrate (13 oz)	RTF (32 OZ)	RTF - 8 oz (4/pack)	RTF - 8 oz (6/pack)
Nutramigen	\$	\$	\$		
Alimentum	\$		\$	\$	\$
Pregestimil	\$				
PediaSure				\$	\$
NeoSure	\$				
Carnation Good Start	\$	\$			
Similac with Iron	\$	\$	\$	\$	\$
Isomil	\$	\$	\$	\$	\$

**INFANT CEREAL** - single item, plain, no fruitAre there at least **(I)** 2 varieties? (One MUST be rice) - ☐ N/A☐ Yes ☐ No - **IF NO**, # of varieties in stock?Are there at least **(A)** 24 (8 oz) boxes or 12 (16 oz) boxes or a combination which equals 192 ounces **OR** **(I)** 12 (8 oz) boxes or 6 (16 oz) boxes?☐ Yes ☐ No -**IF NO**, # of boxes in stock? \_\_\_\_ 8 oz \_\_\_\_ 16 oz

Brand	8 OZ	16 OZ
Gerber	\$	\$
Beech-Nut	\$	\$
Heinz	\$	\$

**INFANT JUICE** - single flavor, 100% fruit juice individual containers, 4/Pack or 6/PackAre there at least **(I)** 2 varieties? - ☐ N/A☐ Yes ☐ No - **IF NO**, # of varieties in stock?Are there at least **(A)** 120 (4.0 oz) containers **OR** **(I)** 60 (4.0 oz) containers?☐ Yes ☐ No -**IF NO**, # of containers in stock? \_\_\_\_\_

ITEM	4 OZ	PRICE
Gerber	\$	\$
Beech-Nut	\$	\$
Heinz	\$	\$



# Arizona WIC Program Vendor Reporting Card

## ARIZONA WIC PROGRAM

### Vendor Reporting Card

On \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ : \_\_\_\_\_ am/pm  
Month/Day Year Hour

Using WIC food instrument(s): \_\_\_\_\_

Tried to do the following:

- ☐ Use a pre-signed food instrument
- ☐ Use an altered food instrument
- ☐ Request cash or credit with food instrument
- ☐ Purchase unauthorized food(s) with food instrument
- ☐ Return food for cash
- ☐ Use food instrument before **"First Date to Use"**
- ☐ Use food instrument after **"Last Date to Use"**
- ☐ Other (please describe): \_\_\_\_\_

Were abusive toward store personnel (please describe):

\_\_\_\_\_  
\_\_\_\_\_

Optional:

Vendor Name & Number

Address

Vendor Representative's Name and Phone Number for follow-up

Thank you for your cooperation. Local WIC agency will be notified immediately of this attempted program abuse. If you have any questions, please call 1-866-737-3935 and ask for the Food Delivery/Program Integrity Team. Thank You.

ARIZONA  
WIC PROGRAM

ARIZONA WIC PROGRAM  
2927 NORTH 35<sup>TH</sup> AVENUE  
SUITE 400  
PHOENIX, AZ 85017

The Arizona WIC Program Vendor Reporting Card is postage paid

# **Arizona WIC Program Vendor Order Form**

If you would like copies of any of the following training aids/materials, please indicate the items(s) the amount you need and mail or fax to:

Arizona Department of Health Services  
Office of Nutrition Services  
Attn.: Food Delivery/Program Integrity Team  
2927 North 35<sup>th</sup> Avenue, Suite 400  
Phoenix, AZ 85017  
Fax: (602) 542-1890

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## **ORDER SECTION**

- \_\_\_\_\_ Sample Food Instrument (use to educate cashiers)
- \_\_\_\_\_ Sample ID Folder (use to educate cashiers)
- \_\_\_\_\_ WIC Program Food List \_\_\_\_\_ English \_\_\_\_\_ Spanish
- \_\_\_\_\_ WIC Program Food List (Laminated) \_\_\_\_\_ English \_\_\_\_\_ Spanish
- \_\_\_\_\_ Sample Proxy Form (use to educate cashiers)
- \_\_\_\_\_ WIC Allowed Formulas (photos and redemption check list for cashiers)
- \_\_\_\_\_ WIC Program Abuse Reporting Form (postage paid post card for reporting suspected program abuse)
- \_\_\_\_\_ "Why is Iron Important?" Flyer (use to educate cashier in regards to the WIC formula purchase)
- \_\_\_\_\_ WIC Customer Savings Flyer (use to educate cashiers on savings available to WIC participants)
- \_\_\_\_\_ Milk Flyer (use to educate store personnel of the FDA mandated label changes)
- \_\_\_\_\_ Semi-Annual WIC Price/Stock Report \_\_\_\_\_ March \_\_\_\_\_ September
- \_\_\_\_\_ "WIC APPROVED" Tags (red shelf markers & visual aide for WIC participants)
- \_\_\_\_\_ WIC Decals
- \_\_\_\_\_ WIC Vendor Manual (A reference book for Vendors)
- \_\_\_\_\_ Training Video

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### **Please mail supplies to:**

**Store Name:** \_\_\_\_\_ **Attn:** \_\_\_\_\_ **ID #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**"The United States Department of Agriculture (USDA) prohibits discrimination in its programs on the basis of race, color, national origin, gender, age or disability. Persons with disabilities who require alternative means for communication for program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).**

**To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14<sup>th</sup> and Independence Avenue, SW Washington, D.C., 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."**

**FOR OFFICE ONLY**

Arizona WIC Number: \_\_\_\_\_

If new, Store's Opening Date: \_\_\_\_\_

**MULTIPLE STORE NOTIFICATION**

NOTE: Submit one form for each outlet (if more than one outlet).  
After contract is executed, submit one form not later than 30 calendar  
days prior to another store opening.

**Please also include the Enrollment Price/Stock Report.**

Store Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code + 4: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Other: (\_\_\_\_\_) \_\_\_\_\_ ☐ Cell ☐ Pager

**BANK INFORMATION**

Name of the store's or outlet's bank: \_\_\_\_\_

Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4 : \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Account Number: \_\_\_\_\_ ABA Routing #: \_\_\_\_\_

Federal ID #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Will both regular and replacement food instruments be deposited only in the above named account?

☐ Yes ☐ No

If no, explain: \_\_\_\_\_

**NOTE:** Store name on bank endorsement stamp must match store name on line 1 of the Bank Information section.

**Management WIC Contact Information:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Start date at store: \_\_\_\_\_

During the past six (6) years, has any current owner, officer or manager at your store been convicted of or had a civil judgment for any of the felony activities: fraud, antitrust violations or embezzlement.

If yes, please specify the name of the owner, officer, or manager and the activities involved. (Please include dates)

\_\_\_\_\_  
\_\_\_\_\_

Store hours (if not 24 hours)

Days of operation: \_\_\_\_\_

Which WIC program (if any) is the store currently authorized as a Vendor?

- ☐ Arizona WIC Program      ☐ ITCA WIC Program  
☐ Navajo Nation WIC Program    ☐ None

Is this store currently authorized to accept Food Stamps in Arizona or any other State?

- ☐ Yes      ☐ No

If yes, list the Food Stamp authorization Number: \_\_\_\_\_

Store's anticipated Food Stamp dollar redemption volume per month? \_\_\_\_\_

Store's anticipated individual annual gross receipt or sales? \_\_\_\_\_

Food \$ \_\_\_\_\_ + Non-Food \$ \_\_\_\_\_ = Gross \$ \_\_\_\_\_

Alcohol \$ \_\_\_\_\_ Tobacco \$ \_\_\_\_\_ Lottery \$ \_\_\_\_\_

- ☐ Actual      ☐ Estimate

Fiscal year dates for above figures: \_\_\_\_\_

Has the store, its owners, or managers ever been suspended or disqualified from the Food Stamp Program in Arizona or any other state?

- ☐ Yes      ☐ No

If yes, give the name of the owners, managers, any officers, store(s), location(s), and the reason(s) and date of suspension or disqualification:

\_\_\_\_\_  
\_\_\_\_\_

Arizona Liquor License Number: \_\_\_\_\_

Provide the following information for the store

Number of full-time cashiers: \_\_\_\_\_

Number of part-time cashiers: \_\_\_\_\_

Number of check out lanes: \_\_\_\_\_

Square footage retail: \_\_\_\_\_

Square footage storage: \_\_\_\_\_

Does the store's check-out registers use optical scanning devices which record product and price information on the customer receipts?

☐ Yes ☐ No

If yes; number of POS Terminals \_\_\_\_\_

Number of Optical Terminals \_\_\_\_\_

Can system be programmed to detect WIC Authorized vs. Non-Authorized products?

☐ Yes ☐ No

If yes, number of WIC Terminals: \_\_\_\_\_

How often are the dairy cases restocked?

☐ Daily ☐ Twice a week ☐ Weekly

How often are the WIC grocery items restocked?

☐ Daily ☐ Twice a week ☐ Weekly

How do you decide how much WIC stock to order?

- ☐ Order a certain amount of each item
- ☐ Conduct an informal "walk-through" inventory on a regular basis
- ☐ Rely on an automated inventory control system
- ☐ Other \_\_\_\_\_

**Please provide the following information for the outlet:**

14. Bookkeeper:

Name \_\_\_\_\_ ( ) Telephone Number \_\_\_\_\_  
Bookkeeper Hours: \_\_\_\_\_ AM to \_\_\_\_\_ PM

15. Training Representative:

Name \_\_\_\_\_ ( ) Telephone Number \_\_\_\_\_

16. District/Regional Manager:

Name \_\_\_\_\_ ( ) Telephone Number \_\_\_\_\_

17. Does the outlet have an in-store pharmacy?

☐ Yes ☐ No

18. Attach a current copy of the store's county health certificate (operating permit).

### **SANTITATION**

Has the store ever been cited by the State or County health inspector for a violation?

☐ Yes ☐ No

Was your license/permit revoked?

☐ Yes ☐ No

If yes, when: From \_\_\_\_\_ To \_\_\_\_\_  
Month/Day/Year Month/Day/Year

If yes, describe the violation(s)? (Provide details)

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19. Does the outlet comply with the applicable provision of the Americans with Disabilities Act of 1990?

☐ Yes ☐ No

For further information about the Americans with Disabilities Act, please contact any of the following organizations:

The Arizona Office for Americans with Disabilities at 1-800-358-3617  
The Disability Rights Education and Defense Fund at 1-800-514-0301 or (510) 644-2555  
The Pacific Disability and Business Technical Assistance Center at 1-800-949-4232  
The Americans with Disabilities Act Information Line at the US Department of Justice

## STORE CLOSURE NOTIFICATION\*

Submit this form not later than 30 calendar days prior to closing.

Vendor Name/Number: \_\_\_\_\_ Vendor ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code + 4: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Effective Date: \_\_\_\_\_

Date of Last Bank Deposit: \_\_\_\_\_

***Note: The Vendor ID Stamps are the property of the WIC Program and must be returned within ten (10) calendar days after store closing.***

\* This form is submitted only when the store closes operations, not a change of ownership.

## STORE CHANGE NOTIFICATION

Submit this form not later than 30  
calendar days prior to change.

Vendor Name/Number: \_\_\_\_\_ Vendor ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code + 4: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Effective Date: \_\_\_\_\_

### ***Type of Change:***

☐ Address Change -

**New Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code+4: \_\_\_\_\_

☐ Telephone or Fax Change -

**New Phone Number:** (\_\_\_\_\_) \_\_\_\_\_

**New Fax Number:** (\_\_\_\_\_) \_\_\_\_\_

☐ Store Contact Change:

**New Contact Person:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code + 4: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Other Number: (\_\_\_\_\_) \_\_\_\_\_

☐ Cell

☐ Pager

☐ Bank Account:

**New Account Number:** \_\_\_\_\_

Effective Date: \_\_\_\_\_



## CHANGE OF OWNERSHIP

Submit this form not later than 30 calendar days prior to change.

[illegible]

Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

**Note: The new owner must contact the Arizona WIC Program to re-apply. The current Contract becomes void at change of ownership. Ownership is not transferable.**

# Arizona WIC Program

## Vendor Training Acknowledgment

- A. This certifies that I attended and understood the following WIC Vendor procedures. I further understand that I will be responsible for providing training to cashiers and other employees who handle WIC transactions in my store.

Y	Explanation of the WIC program	Y	"X" SIGNATURES
Y	Use of the Vendor Manual	Y	WIC Redemption Procedures
Y	The Vendor's Role	Y	WIC Deposit Procedures
Y	Approved & Non-Approved Foods	Y	WIC Payment Criteria
Y	Arizona WIC Food Instrument	Y	Reimbursement of Rejected Food Instruments
Y	Arizona WIC ID Folder and Proxy Certification Form	Y	Use of the Vendor Reporting Card
Y	Use of Manufacturer, Store Specials or Discount Cards	Y	Minimum Stock & Variety Requirements
Y	Correction of the Dollar Amount	Y	WIC Vendor Price/Stock Report
Y	Alterations of a WIC Food	Y	Vendor Monitoring
Y	Instrument	Y	Violations and Sanctions
		Y	Vendor Rights and Responsibilities

- B. Initial to Acknowledge Attendance during the Showing of the Arizona Vendor Training Video/Slides:

\_\_\_\_\_

- C. Vendor Comments: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

_____ Store Name/Store Number	_____ WIC Program Representative
_____ Print Name and Title	_____ Title
_____ Signature	_____ Signature
_____ Date	_____ Date

